

Reissue

J1051
U.S.
PTO
06/21/01Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	501.33961R00
First Named Inventor	Tatsuhisa FUJII, et al.
Original Patent Number	5,914,763
Original Patent Issue Date (Month/Day/Year)	06/22/1999
Express Mail Label No.	0988516

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
 Yes No
(If Yes, check applicable box(es))
7. Written Consent of all Assignees (PTO/SB/53)
8. 37 C.F.R. § 3.73(b) Statement Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration (if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 020457
(Insert Customer No. or Attach bar code label here) or Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

NAME (Print/Type)	Melvin Kraus	Registration No. (Attorney/Agent)	22,466
Signature	<i>Melvin Kraus</i>	Date	June 21, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
501.33961R00

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 52	**** 28 =	x \$ _____ =		or	x \$ 18 = 504
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 14	* 11 =	x \$ _____ =			x \$ 80 = 880
							\$ 710
						OR	\$ 2,094

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
							OR	\$

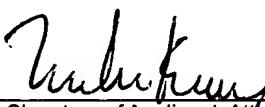
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**June 21, 2001
Date

 Signature of Applicant, Attorney or Agent of Record
Melvin Kraus, Reg. No. 22,466
Typed or printed name